

STATEMENT OF ECONOMIC INTERESTS

COVER PAGE

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San Jose City Clerk
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Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Liccardo Sam Theodore

1. Office, Agency, or Court

Agency Name
City of San Jose
Division, Board, Department, District, if applicable
City Council
Your Position
City Councilmember

► If filing for multiple positions, list below or on an attachment.

Agency: *see attached for additional positions Position:

2. Jurisdiction of Office (Check at least one box)

☐ State ☐ Judge or Court Commissioner (Statewide Jurisdiction)
☐ Multi-County ☒ County of Santa Clara
☒ City of San Jose ☐ Other

3. Type of Statement (Check at least one box)

☒ Annual: The period covered is January 1, 2012, through December 31, 2012.
-or-
The period covered is _____, through December 31, 2012.
☐ Leaving Office: Date Left _____
(Check one)
☐ The period covered is January 1, 2012, through the date of leaving office.
☐ The period covered is _____, through the date of leaving office.
☐ Assuming Office: Date assumed _____
☐ Candidate: Election year _____ and office sought, if different than Part 1: _____

4. Schedule Summary

Check applicable schedules or "None."

► Total number of pages including this cover page: 7

☒ Schedule A-1 - Investments - schedule attached
☒ Schedule A-2 - Investments - schedule attached
☐ Schedule B - Real Property - schedule attached
☒ Schedule C - Income, Loans, & Business Positions - schedule attached
☒ Schedule D - Income - Gifts - schedule attached
☒ Schedule E - Income - Gifts - Travel Payments - schedule attached
-or-
☐ None - No reportable interests on any schedule

I certify under penalty of perjury under the laws of the State of

Date Signed 01/30/2013
(month, day, year)

Section 1 Additional Agency(ies) / Position(s) for Liccardo, Samuel T.

<u>Agency</u>	<u>Division, Board, Department District</u>	<u>Position</u>
Santa Clara Valley Transportation Authority	Board of Directors	Board Member
Association of Bay Area Governments	Executive Board	Director
Metropolitan Transportation Commission	Commission	Commissioner

SCHEDULE A-1 Investments

Stocks, Bonds, and Other Interests
(Ownership Interest is Less Than 10%)
Do not attach brokerage or financial statements.

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION Name <u>Liccardo, Samuel T.</u>

NAME OF BUSINESS ENTITY <u>Senior Housing Properties Trust</u> GENERAL DESCRIPTION OF BUSINESS ACTIVITY <u>REIT</u> FAIR MARKET VALUE <input checked="" type="checkbox"/> \$2,000 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> \$100,001 - \$1,000,000 <input type="checkbox"/> Over \$1,000,000 NATURE OF INVESTMENT <input checked="" type="checkbox"/> Stock <input type="checkbox"/> Other _____ (Describe) <input type="checkbox"/> Partnership <input type="checkbox"/> Income Received of \$0 - \$499 <input type="checkbox"/> Income Received of \$500 or More (Report on Schedule C) IF APPLICABLE, LIST DATE: _____ / _____ / <u>12</u> _____ / _____ / <u>12</u> ACQUIRED DISPOSED
--

NAME OF BUSINESS ENTITY <u>Nationwide Health Properties, Inc.</u> GENERAL DESCRIPTION OF BUSINESS ACTIVITY <u>REIT</u> FAIR MARKET VALUE <input checked="" type="checkbox"/> \$2,000 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> \$100,001 - \$1,000,000 <input type="checkbox"/> Over \$1,000,000 NATURE OF INVESTMENT <input checked="" type="checkbox"/> Stock <input type="checkbox"/> Other _____ (Describe) <input type="checkbox"/> Partnership <input type="checkbox"/> Income Received of \$0 - \$499 <input type="checkbox"/> Income Received of \$500 or More (Report on Schedule C) IF APPLICABLE, LIST DATE: _____ / _____ / <u>12</u> _____ / _____ / <u>12</u> ACQUIRED DISPOSED

NAME OF BUSINESS ENTITY <u>Microsoft</u> GENERAL DESCRIPTION OF BUSINESS ACTIVITY <u>Software</u> FAIR MARKET VALUE <input checked="" type="checkbox"/> \$2,000 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> \$100,001 - \$1,000,000 <input type="checkbox"/> Over \$1,000,000 NATURE OF INVESTMENT <input checked="" type="checkbox"/> Stock <input type="checkbox"/> Other _____ (Describe) <input type="checkbox"/> Partnership <input type="checkbox"/> Income Received of \$0 - \$499 <input type="checkbox"/> Income Received of \$500 or More (Report on Schedule C) IF APPLICABLE, LIST DATE: _____ / _____ / <u>12</u> _____ / _____ / <u>12</u> ACQUIRED DISPOSED
--

NAME OF BUSINESS ENTITY <u>American States Water Co.</u> GENERAL DESCRIPTION OF BUSINESS ACTIVITY <u>Water Utility</u> FAIR MARKET VALUE <input checked="" type="checkbox"/> \$2,000 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> \$100,001 - \$1,000,000 <input type="checkbox"/> Over \$1,000,000 NATURE OF INVESTMENT <input checked="" type="checkbox"/> Stock <input type="checkbox"/> Other _____ (Describe) <input type="checkbox"/> Partnership <input type="checkbox"/> Income Received of \$0 - \$499 <input type="checkbox"/> Income Received of \$500 or More (Report on Schedule C) IF APPLICABLE, LIST DATE: _____ / _____ / <u>12</u> _____ / _____ / <u>12</u> ACQUIRED DISPOSED

NAME OF BUSINESS ENTITY <u>Federal Express</u> GENERAL DESCRIPTION OF BUSINESS ACTIVITY <u>Freight Delivery</u> FAIR MARKET VALUE <input checked="" type="checkbox"/> \$2,000 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> \$100,001 - \$1,000,000 <input type="checkbox"/> Over \$1,000,000 NATURE OF INVESTMENT <input checked="" type="checkbox"/> Stock <input type="checkbox"/> Other _____ (Describe) <input type="checkbox"/> Partnership <input type="checkbox"/> Income Received of \$0 - \$499 <input type="checkbox"/> Income Received of \$500 or More (Report on Schedule C) IF APPLICABLE, LIST DATE: _____ / _____ / <u>12</u> _____ / _____ / <u>12</u> ACQUIRED DISPOSED
--

NAME OF BUSINESS ENTITY <u>Merck</u> GENERAL DESCRIPTION OF BUSINESS ACTIVITY <u>Pharmaceuticals</u> FAIR MARKET VALUE <input checked="" type="checkbox"/> \$2,000 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> \$100,001 - \$1,000,000 <input type="checkbox"/> Over \$1,000,000 NATURE OF INVESTMENT <input checked="" type="checkbox"/> Stock <input type="checkbox"/> Other _____ (Describe) <input type="checkbox"/> Partnership <input type="checkbox"/> Income Received of \$0 - \$499 <input type="checkbox"/> Income Received of \$500 or More (Report on Schedule C) IF APPLICABLE, LIST DATE: _____ / _____ / <u>12</u> _____ / _____ / <u>12</u> ACQUIRED DISPOSED

SCHEDULE A-1

Investments

Stocks, Bonds, and Other Interests

(Ownership Interest is Less Than 10%)

Do not attach brokerage or financial statements.

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name

Liccardo, Samuel T.

▶ NAME OF BUSINESS ENTITY
Bristol-Meyers Squibb

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
Pharmaceuticals

FAIR MARKET VALUE
☒ \$2,000 - \$10,000 ☐ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

NATURE OF INVESTMENT
☒ Stock ☐ Other _____ (Describe)
☐ Partnership ☐ Income Received of \$0 - \$499
 ☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
 ____/____/12 ____/____/12
 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY
Intuitive Surgical

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
Medical Device

FAIR MARKET VALUE
☒ \$2,000 - \$10,000 ☐ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

NATURE OF INVESTMENT
☒ Stock ☐ Other _____ (Describe)
☐ Partnership ☐ Income Received of \$0 - \$499
 ☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
 ____/____/12 ____/____/12
 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY
Hewlett Packard

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
Computer and Printer Equipment

FAIR MARKET VALUE
☒ \$2,000 - \$10,000 ☐ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

NATURE OF INVESTMENT
☒ Stock ☐ Other _____ (Describe)
☐ Partnership ☐ Income Received of \$0 - \$499
 ☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
 ____/____/12 ____/____/12
 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY
Cisco

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
Computer Network Equipment

FAIR MARKET VALUE
☒ \$2,000 - \$10,000 ☐ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

NATURE OF INVESTMENT
☒ Stock ☐ Other _____ (Describe)
☐ Partnership ☐ Income Received of \$0 - \$499
 ☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
 ____/____/12 ____/____/12
 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY
Southern Company

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
Utility

FAIR MARKET VALUE
☒ \$2,000 - \$10,000 ☐ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

NATURE OF INVESTMENT
☒ Stock ☐ Other _____ (Describe)
☐ Partnership ☐ Income Received of \$0 - \$499
 ☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
 ____/____/12 ____/____/12
 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY
Petroleo Brasileiro SA

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
Energy and Green Tech

FAIR MARKET VALUE
☒ \$2,000 - \$10,000 ☐ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

NATURE OF INVESTMENT
☒ Stock ☐ Other _____ (Describe)
☐ Partnership ☐ Income Received of \$0 - \$499
 ☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
 ____/____/12 ____/____/12
 ACQUIRED DISPOSED

Comments: _____

SCHEDULE A-2
Investments, Income, and Assets
of Business Entities/Trusts
(Ownership Interest is 10% or Greater)

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name Liccardo, Samuel T.

1. BUSINESS ENTITY OR TRUST

Revocable Trust

Name

Samuel A. Liccardo, Saratoga, CA 95070

Address (Business Address Acceptable)

Check one

☒ Trust, go to 2 ☐ Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

FAIR MARKET VALUE

IF APPLICABLE, LIST DATE:

☐ \$0 - \$1,999

☐ \$2,000 - \$10,000

☐ \$10,001 - \$100,000

☐ \$100,001 - \$1,000,000

☐ Over \$1,000,000

____/____/12
ACQUIRED

____/____/12
DISPOSED

NATURE OF INVESTMENT

☐ Partnership ☐ Sole Proprietorship ☐ Other

YOUR BUSINESS POSITION

2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)

☐ \$0 - \$499

☒ \$10,001 - \$100,000

☐ \$500 - \$1,000

☐ OVER \$100,000

☐ \$1,001 - \$10,000

3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary)

☐ None

4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST

Check one box:

☐ INVESTMENT

☒ REAL PROPERTY

1002 N. Fifth Street

Name of Business Entity, If Investment, or
Assessor's Parcel Number or Street Address of Real Property

San Jose, CA 95112

Description of Business Activity or
City or Other Precise Location of Real Property

FAIR MARKET VALUE

IF APPLICABLE, LIST DATE:

☐ \$2,000 - \$10,000

☒ \$10,001 - \$100,000

☐ \$100,001 - \$1,000,000

☐ Over \$1,000,000

____/____/12
ACQUIRED

____/____/12
DISPOSED

NATURE OF INTEREST

☐ Property Ownership/Deed of Trust ☐ Stock ☒ Partnership

☐ Leasehold Yrs. remaining

☐ Other

☐ Check box if additional schedules reporting investments or real property are attached

Comments: 10% interest in late Grandfather's house

1. BUSINESS ENTITY OR TRUST

Name

Address (Business Address Acceptable)

Check one

☐ Trust, go to 2 ☐ Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

FAIR MARKET VALUE

IF APPLICABLE, LIST DATE:

☐ \$0 - \$1,999

☐ \$2,000 - \$10,000

☐ \$10,001 - \$100,000

☐ \$100,001 - \$1,000,000

☐ Over \$1,000,000

____/____/12
ACQUIRED

____/____/12
DISPOSED

NATURE OF INVESTMENT

☐ Partnership ☐ Sole Proprietorship ☐ Other

YOUR BUSINESS POSITION

2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)

☐ \$0 - \$499

☐ \$10,001 - \$100,000

☐ \$500 - \$1,000

☐ OVER \$100,000

☐ \$1,001 - \$10,000

3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary)

☐ None

4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST

Check one box:

☐ INVESTMENT

☐ REAL PROPERTY

Name of Business Entity, If Investment, or
Assessor's Parcel Number or Street Address of Real Property

Description of Business Activity or
City or Other Precise Location of Real Property

FAIR MARKET VALUE

IF APPLICABLE, LIST DATE:

☐ \$2,000 - \$10,000

☐ \$10,001 - \$100,000

☐ \$100,001 - \$1,000,000

☐ Over \$1,000,000

____/____/12
ACQUIRED

____/____/12
DISPOSED

NATURE OF INTEREST

☐ Property Ownership/Deed of Trust ☐ Stock ☐ Partnership

☐ Leasehold Yrs. remaining

☐ Other

☐ Check box if additional schedules reporting investments or real property are attached

SCHEDULE C
Income, Loans, & Business
Positions
(Other than Gifts and Travel Payments)

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name

Liccardo, Samuel T.

1. INCOME RECEIVED

NAME OF SOURCE OF INCOME

City of San Jose

ADDRESS (Business Address Acceptable)

200 E. Santa Clara St., San Jose, CA 95113

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Government

YOUR BUSINESS POSITION

Councilmember

GROSS INCOME RECEIVED

- ☐ \$500 - \$1,000 ☐ \$1,001 - \$10,000
☒ \$10,001 - \$100,000 ☐ OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED

☒ Salary ☐ Spouse's or registered domestic partner's income

☐ Loan repayment ☐ Partnership

☐ Sale of _____
(Real property, car, boat, etc.)

☐ Commission or ☐ Rental Income, list each source of \$10,000 or more

☐ Other _____
(Describe)

1. INCOME RECEIVED

NAME OF SOURCE OF INCOME

San Jose State University

ADDRESS (Business Address Acceptable)

One Washington Square, San Jose, CA 95192

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Education

YOUR BUSINESS POSITION

Lecturer

GROSS INCOME RECEIVED

- ☐ \$500 - \$1,000 ☒ \$1,001 - \$10,000
☐ \$10,001 - \$100,000 ☐ OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED

☒ Salary ☐ Spouse's or registered domestic partner's income

☐ Loan repayment ☐ Partnership

☐ Sale of _____
(Real property, car, boat, etc.)

☐ Commission or ☐ Rental Income, list each source of \$10,000 or more

☐ Other _____
(Describe)

2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERIOD

* You are not required to report loans from commercial lending institutions, or any indebtedness created as part of a retail installment or credit card transaction, made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows:

NAME OF LENDER

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF LENDER

HIGHEST BALANCE DURING REPORTING PERIOD

- ☐ \$500 - \$1,000
☐ \$1,001 - \$10,000
☐ \$10,001 - \$100,000
☐ OVER \$100,000

INTEREST RATE

_____% ☐ None

TERM (Months/Years)

SECURITY FOR LOAN

☐ None ☐ Personal residence

☐ Real Property _____
Street address

City

☐ Guarantor _____

☐ Other _____
(Describe)

Comments: _____



CITY OF SAN JOSÉ, CALIFORNIA

RECEIVED

Office of the City Clerk
200 East Santa Clara Street, Wing
San José, California 95113
Telephone 1 (408) 535-1261
FAX 1 (408) 292-6207

San José City Clerk
2013 FEB -1 PM 12:54

FAMILY GIFT REPORTING FORM

Pursuant to the City's Gift Ordinance, Chapter 12.08 of the San Jose Municipal Code, all consultants, contract employees, officers and designated employees of the City and its Redevelopment Agency must file this form with the City or Agency, together with the annual Statement of Economic Interests (Form 700).

You must list below any reportable gifts known to have been accepted by your domestic partner, spouse and any dependent child (Section 12.08.050) during the previous calendar year. Gifts that must be reported are those that would be prohibited had they been given to you. Refer to Section 12.08.010 and 12.08.020 to determine whether a particular gift must be reported. Section 12.08.030 lists the gifts that are not prohibited and do not need to be reported.

PLEASE TYPE OR PRINT IN INK

Name of Filer Sam Liccardo Phone 408-535-4903
Name of Agency City of San Jose

CHECK APPROPRIATE ITEM

- ☒ I do not have a spouse, domestic partner or any dependent children.
☐ I have no knowledge that my spouse, domestic partner or any dependent child has received a reportable gift.
☐ My spouse, domestic partner or dependent children have, to my knowledge, received the following gifts:

PLEASE LIST EACH GIFT SEPARATELY

DATE	RECIPIENT (Spouse/Domestic Partner/Child)	GIFT	DONOR	VALUE

VERIFICATION